

## City of Woburn, Massachusetts

## **LICENSE COMMISSION**

## APPLICATION FOR COMMON VICTUALLER'S LICENSE

		Fee: \$100.00 Date:
NAME OF RESTAURANT:_		
ADDRESS:		
TELEPHONE:		
NAME OF OWNER:		
ADDRESS:		
TELEPHONE:		
DESCRIPTION OF PREMISE	S:	
GIVE NUMBER THAT CAN AT COUNTER	BE ACCOMMODATED AT T	TABLES
HOURS OF OPERATION:		
IF NEW LICENSE, IS FAST F DATE RECEIVED	FOOD SPECIAL PERMIT NEC	CESSARY?
SIGNATURE OF MANAGER	<u>:</u>	
PREMISES INSPECTED BY:	932-4440 HEALTH DEPT932-4407 FIRE DEPT932-4580	
ALL MUNICIPAL TAXES AT (see attached form)		IOR TO LICENSE APPROVAL.

## LICENSE MUST BE RENEWED ANNUALLY ON OR BEFORE MAY $\mathbf{1^{ST}}$

<sup>\*</sup>Massachusetts Workers' Compensation Insurance Affidavit and City of Woburn Treasurer's Certificate must be submitted with this form.

<sup>\*\*</sup>This license, if granted, cannot be transferred or sold. Any changes in floor plan, hours, or addition to entertainment must be approved by the License Commission.